

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. — For State Registrar Only

39361

County of CharlestonMunicipality of CharlestonCity of CharlestonRegistration District No. 110VRegistered No. 171
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of Charleston (No. 110V St. 171 Ward)(2) Full Name of Child Thomas E. Joelson (If child is not yet named, make supplemental report as directed)(1) SEX OF CHILD Male (2) Twin or Triplet No (3) Number in order of birth 1st (4) Age of Mother 27 (5) DATE OF BIRTH Oct. 3, 1923
(Name of Month) (Day) (Year)FATHER
(6) FULL NAME George Jackson(7) PRESENT RESIDENCE OF FATHER Charleston, S.C.(8) COLOR OR RACE Negro (9) AGE AT LAST BIRTHDAY 27 (Year)(10) BIRTHPLACE Ac.(11) OCCUPATION Iron mill(12) Number of children born to mother, including present birth 3MOTHER
(13) NAME BEFORE MARRIAGE Ethel Moberly(14) PRESENT RESIDENCE OF MOTHER Charleston, S.C.(15) COLOR OR RACE Negro (16) AGE AT LAST BIRTHDAY 22 (Year)(17) BIRTHPLACE Ac.(18) OCCUPATION Iron mill(19) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Lucas J. Face (22) Address of Physician or Midwife Charleston, S.C.(23) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed "X" mark) John R. 24(25) Filed 1924 (26) Local Registrar John R. 24

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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